The Royal New Zealand College of General Practitioners

Doctors working in New Zealand general practice should be vocationally trained

Quality in General Practice

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What do we know about the quality of care in general practice? In 2002, Tony Dowell and colleagues wrote that "New Zealand has a high quality system of general practice and primary care that should be recognised and celebrated".[1] It is a view confirmed by patient surveys: in 2004, 74% of surveyed patients in New Zealand rated their quality of care as "excellent" or "very good", ahead of other countries.[2]

But in general practice, as in other areas of medicine, there is widespread variation in the quality of care. Such variation is hidden from the general public, who place their trust in their individual doctor, and are unlikely to be aware of the difference between a non-vocationally registered practitioner and a vocationally registered GP. As far as they are concerned, a doctor is a doctor.

Regulatory authorities, in particular the Medical Council and the Health and Disability Commissioner, know otherwise. Non-vocationally registered doctors are more likely to be subject to complaints and competence concerns, particularly in general practice.[3] This is hardly surprising, since one would expect the attainment of a specialist qualification as a Fellow of the Royal New Zealand College of General Practitioners, and meeting College recertification requirements, to signify a higher level of skills and knowledge.

What is surprising is that New Zealand, while in the forefront of promoting primary care, has lagged behind other countries (notably Australia, the UK, and Canada) by tolerating general registrants working in general practice. It is unsatisfactory that around one quarter of doctors working in general practice are not vocationally registered, nor participating in vocational training.

A decade of assessing complaints in general practice has convinced me that requiring vocational registration is an overdue step to improve the quality of primary medical care. Like Donald Irvine, I share the view that "everyone is entitled to a good doctor".[4] Knowing that one's doctor is a GP would be a very good start.

1 Dowell A, Coster G, Maffey C. Morale in general practice: crisis and solutions. N Z Med J. 2002;115(1158):1–7.
2 The Commonwealth Fund 2004 International Health Policy Survey of Primary Care in Five Countries.
3 St George I. Should all general practitioners be vocationally registered? N Z Fam Physician. 2004;31(1):17–19.
4 Irvine D. Everyone is entitled to a good doctor. Med J Aust. 2007;186(5):256–61.

- The Royal New Zealand College of General Practitioners believes all doctors working in general practice should have completed or be undertaking vocational training
- The Royal New Zealand College of General Practitioners believes government agencies should recognise the difference between vocationally registered GPs and other doctors working in general practice.

Vocational training for General Practice

1. General practice has been recognised as a medical specialty under New Zealand law since 1995, however there is no requirement for doctors working in general practice to undertake vocational training. Other OECD countries like Australia, the United Kingdom and Canada require vocational training for doctors working in general practice.

2. The Royal New Zealand College of General practitioners leads, sets and reviews standards for general practitioner education and assessment as part of its commitment to high quality general practice in New Zealand. Education, examinations and assessments allow the College to verify the competence of individual medical practitioners and award them Fellowship of the Royal New Zealand College of General Practitioners (FRNZCGP). This enables practitioners to apply to the Medical Council (MCNZ) for registration in the vocational scope of General Practice.

3. The education and training programme for doctors becoming general practitioners is the General Practice Education Programme (GPEP).[5]

4. The College provides a range of options for doctors to gain vocational registration in addition to the main education pathway. These options include:

   a. **Recognition of Prior Learning (RPL)**
   Doctors with significant experience in general practice can apply for consideration of recognition of prior learning. This experience has often been gained overseas. RPL enables doctors with competence in most areas to identify specific areas for attention and more quickly complete their vocational training without unnecessary repetition.

   b. **Experiential Interim Pathway**
   From June 2010 until May 2013 an additional on-ramp to the pathway has been created which allows doctors who are experienced in general practice and are practising at a level expected of a vocationally trained registered GP, to be assessed as such and awarded Fellowship. They can then apply to the MCNZ for vocational registration.[6]

5. A doctor working in general practice who is not in the training programme and has not completed vocational training must be in a "collegial relationship" with another general practitioner who is trained and vocationally registered. The collegial relationship requires four to six face to face meetings between the two doctors each year.[7]

The issues around vocational training

6. The Medical Council of New Zealand (MCNZ) estimates that more than 900 medical practitioners currently working in general practice are neither vocationally registered GPs nor participating in vocational training.[8]

7. The general practice environment is unique in that it provides fewer opportunities than the hospital environment for direct observation of a medical practitioner's work. It is difficult for others (medical colleagues, nurses) to witness first hand whether a medical practitioner working in general practice has the competence and support they require to ensure patient safety.

8. The collegial relationship was introduced following the Medical Practitioners Act in 1995 and enabled those without vocational registration to legally continue in practice. This arrangement was not seen as creating an undue risk to public safety at the time. The Medical Council (MCNZ) has now signalled that the collegial relationship is no longer sufficient to assure competence as required by the legislation. The then Chair of the MCNZ Prof John Campbell

5 A description of the programme can be found at http://www.rnzcgp.org.nz/general-practice-education-programme.
6 http://www.rnzcgp.org.nz/eip accessed 15/7/10. Now available at: http://www.rnzcgp.org.nz/experiential-interim-pathway.
7 http://www.mcnz.org.nz/portals/0/publications/Continuing%20Professional%20Development_v3.pdf accessed 15/7/2010.
8 MCNZ data supplied to RNZCGP May 2010.

stated "The 'collegial relationship' required by the Medical Council for those with general registration is too loose and provides no reassurance Continuing Professional Development (CPD) is occurring."[9] New requirements are soon to be introduced by the MCNZ and the College supports the move towards a more robust process.

9. Almost universally doctors working in general practice are called general practitioners whether they have completed their vocational training or not. This makes it difficult for patients to easily differentiate those doctors who have completed their training from those who haven't. In the hospital setting terms like consultant, senior registrar, registrar and house officer give simple clear information about where individual doctors sit on the training pathway.

10. Not only patients but also some government agencies are indiscriminate regarding their recognition of doctors working in general practice. For example the Accident Compensation Corporation recognises, and only interacts with, trained medical specialists in all scopes of medicine except general practice. For general practice, they do not distinguish whether the doctor is vocationally trained, and instead pay all 'GPs' at a lower rate because they believe the market does not recognise them as specialists.[10]

11. Other government agencies, for example PHARMAC and Medsafe, do recognise general practice as a medical speciality. They permit access to or funding for some medications only on a prescription from specialists in particular scopes, including general practice.

12. General practitioners themselves acknowledge the lack of recognition of career progression and see this as a deterrent for those considering a career in general practice as the following article illustrates.

> For Napier GP and NZMA Chair Peter Foley, a glaring problem is the failure to reward experience with increased recognition and remuneration. Why, he asks, after completing three years of specialist GP training, achieving vocational registration with the Medical Council, serving for 25 years and completing numerous courses, is a GP regarded the same as one "fresh off the boat" and not in a training programme?
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> "We just become old GPs!" Dr Foley says. "Our earning capacity and standing within the profession are the same the day we enter general practice as the day we leave." He reckons the Ministry of Health, PHOs and practices need to acknowledge GPs' different skills.[11]

13. Generalists, and in particular primary care generalists, are an extremely important part of any health care system. Irrefutable evidence has emerged over the last two decades from Professor Barbara Starfield and others that health systems with proportionately more general practitioners than secondary-level medical specialists are more equitable, with better health outcomes for patients, at a lower cost for tax-payers.[12,13]

14. In order for New Zealand to have an equitable health care system that its tax-payers can afford and its patients can trust and value, more medical graduates must be attracted to general practice and supported through a post-graduate training pathway to become fully trained general practitioners. Until the issues outlined above are resolved, general practice will not attract and retain sufficient doctors for the optimum workforce balance.

> In June 2009 the Health and Disability Commissioner (HDC) released his findings on an inquiry into the care provided to a patient at the Palms Medical Centre in Palmerston North. The patient had seen six different doctors in eight visits over seven months. None of them were vocationally trained. The diagnosis of significant cervical stenosis with myelopathy was missed and with it the opportunity to manage a treatable condition. The patient continues to suffer neurological symptoms, including incontinence, and is no longer able to work.The HDC commended the vocational training of several doctors, towards RNZCGP Fellowship.[14]

9 Campbell J. General registration – time for change. New Zealand Doctor. 2008 Jun 4. http://www.knowledge-basket.co.nz/search/doc_view.php?d3=archnzdoc/text/2008/Jun/doc0472.html accessed 15/7/2010.
10 19/3/2010 Letter to Karen Thomas from J.M.White Chief Executive ACC.
11 McMillan V. Whither general practice. New Zealand Doctor. 2008 Jun 4.
12 Starfield B, et al. Contribution of primary care to health systems and health. Milbank Q. 2005;83(3):457–502.
13 Baicker K, Chandra A. Medicare spending, the physician workforce, and beneficiaries' quality of care. Health Aff (Millwood). DataWatch. 7 April 2004:184–97. http://content.healthaffairs.org/cgi/reprint/hlthaff.w4.184v1 accessed 17/7/2010.
14 http://www.hdc.org.nz/media/14106/08hdc06359medical-centre.pdf accessed 17/8/2010.

The benefits for New Zealand of moving to a vocationally trained general practice workforce.

15. Vocational training in general practice improves the quality of patient care and increases patient safety.[15] Prof John Campbell, Chair of the MCNZ until 2009, had the following to say about the wisdom of the current situation.

> General practice is the specialty, the vocational scope of practice, which treats patients with the widest variety of conditions, with the greatest range of severity (from minor to life threatening to terminal), from the earliest presentation until the end, with the most inseparable intertwining of the biomedical and psychosocial, and treats patients of all ages, from neonates to the elderly, over a lifetime.
>
> Why, then, in this most demanding of specialties, can a general registrant, with no postgraduate clinical qualification or formal postgraduate training, practise with no more supervision than a vocationally trained GP and without being a participant in an accredited continuing professional development (CPD) programme?[8]

16. It is logical that anyone who has completed training to equip them for their role will be able to fulfil that role more effectively than a person who has not. The role of a GP is vastly different than that of a junior hospital doctor and demands considerably more skills. However there is very little empirical research looking directly at this issue.

17. In 2006 the Ministry of Health contracted New Zealand Health Technology Assessment (NZHTA) to undertake a systematic review of the literature which included the question "what is the effectiveness and cost effectiveness for length and quality of vocational training of GPs for patient related outcomes and health system outcomes?" The report states that "there is a paucity of data in this area" and no studies were identified in the search that examined the impact of entry level GP training on the process of care or on cost effectiveness. There were also no studies identified that directly examined outcomes for patients.[16]

> As Dr Ian St George points out, if doctors could be randomised into a vocationally trained and a control group and the quality of their general practice could then be measured somehow, at some later date, then we would have an answer, but for many reasons, not only those that would set the research ethics committees buzzing, this piece of research will never be done.[17]

18. If such studies were carried out they could be anticipated to show that vocationally trained doctors would be better at those aspects of practice that are covered in the curriculum for general practice vocational training. The five curriculum domains cover Communication, Clinical Expertise, Professionalism, Scholarship and the Context of General Practice.[18]

Vocational training is associated with more efficient and economic provision of health care.

19. Analysis of the Australian Bettering the Evaluation and Care of Health programme (BEACH) data found that graduates of the Royal Australian College of General Practitioners (RACGP) training programme cost the government $64.13 per consultation compared to $76.59 for non graduates. On a per patient basis training programme graduates costs were considerably lower, $116.22 per patient compared to $177.21.[19,20]

15 Harré Hindmarsh J, Coster GD, Gilbert C. Are vocationally trained general practitioners better GPs? A review of research designs and outcomes. Med Educ. 1998;32(3):244–254.
16 Weir R, Ali W, Hancock S, GP post-entry clinical training. Part 2: GP vocational training. NZHTA Report 2006.
17 Anyon P, Rainey H. The amoeba the snail and the octopus: a history of general practice vocational training in New Zealand. Wellington: RNZCGP; 2001.
18 http://www.rnzcgp.org.nz/curriculum accessed 17/8/2010.
19 Miller G, Britt H, Pan Y, Knox S. Relationship between general practitioner certification and characteristics of care. Med Care. 2004 Aug;42(8):770–8.
20 Dr Chris Mitchell, president RACGP. Presentation to RNZCGP Quality Symposium 2010.

Lack of vocational training is associated with competence concerns and complaints

20. Dr Ian St George found evidence that doctors working in general practice who are neither vocationally registered nor training towards fellowship are a group at risk of substandard practice.[3]

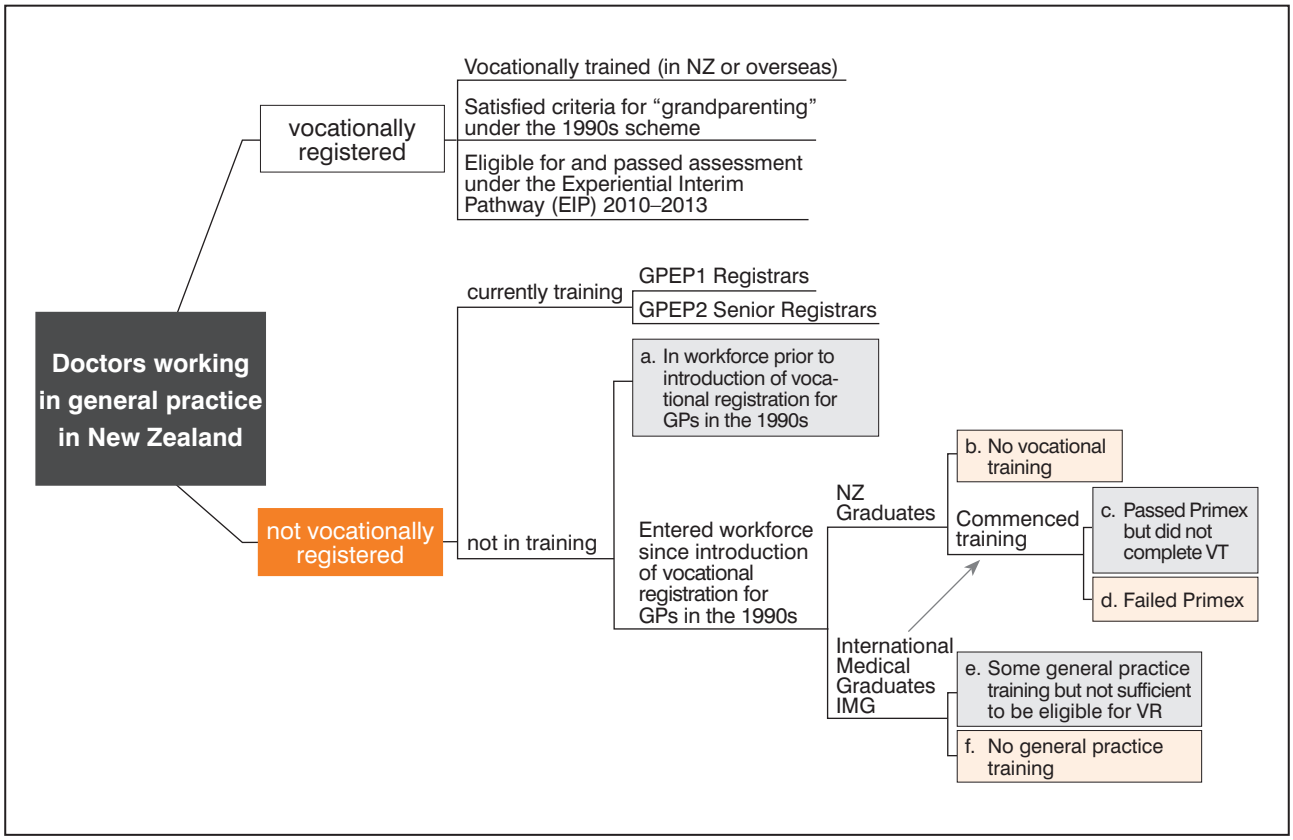
21. When comparing vocationally registered GPs with non vocationally trained doctors working in general practice, Dr St George found that the latter group are "more likely to attract concerns about their competence, more likely to require a competence review, and are more likely to have educational needs identified at review. Vocational registration is thus associated with a perceived higher level of performance than general registration. This has implications for organisations concerned with the quality of general practice services". He added "it appears that the attainment of vocational registration goes some way towards 'ensuring' the competence of GPs. That competence may result from early selection or self-selection of the group who would become vocationally registered from vocational training or from the nurturing educational environment provided for vocational registrants undergoing recertification via programmes approved by the Medical Council".[3]

22. Some years ago the College monitored Health and Disability Commissioner (HDC) Code of Patient Rights breach findings as they were reported to the College by the Commissioner. There were fewer breach findings relating to vocationally registered GPs than non-vocationally-registered doctors working in general practice. Although this was a simplistic survey, the results indicate the need for more robust research.

23. The College believes that formal research similar to Dr St George's should be repeated with more recent MCNZ data and that a thorough examination of HDC data should be undertaken. Both the Medical Council and the HDC are oriented to patient safety and patient rights. It is to be expected that such research would demonstrate the benefits of vocational training, and strengthen public and governmental calls for all doctors working in general practice to be trained to this level.

Training and registration of doctors currently working in NZ general practice

24. The majority of doctors working in NZ general practice are vocationally registered. Those without vocational registration fall into several categories as illustrated below.



a. **Doctors who were in practice prior to the Medical Practitioners Act 1995**
This Act amended the law relating to the registration of medical practitioners. At the time a special one-off process enabled existing general practitioners to prove their competence for specialist status or "vocational registration". However some doctors were not comfortable with the new requirement for post-graduate external examination and assessment and chose to remain without vocational registration.

b. **NZ graduates who have not undertaken any vocational training**

c. **Doctors who have passed Primex but have not completed vocational training**
These doctors have commenced vocational training and passed Primex but have not completed the following two GPEP2 years. Some of them see the medical regulatory system of vocational registration as an unnecessarily bureaucratic compliance approach.

d. **Doctors who have failed the Primex exam**
Doctors who have failed the Primex exam or other assessments required as a part of the vocational training pathway, are a particular concern. Currently doctors who have repeatedly failed such examinations can still work in general practice as there is no requirement to hold vocational registration and they are able to continue in practice under a collegial relationship. The College is similarly concerned about those who are deemed unsuitable to enter the training programme but who never the less continue in general practice.

e. **International Medical Graduates (IMGs) with some postgraduate training**
These doctors are International Medical Graduates (IMGs) with some postgraduate training in general practice but not sufficient to be allowed by the MCNZ to progress to vocational registration after at least six months of satisfactory supervision reports. These doctors can continue to work in general practice without vocational registration. Some commit to further vocational training in New Zealand and progress to vocational registration in New Zealand via this route.

f. **International Medial Graduates (IMGs) without general practice training**

25. The level of risk arising from these non-vocationally-registered doctors working in general practice will vary, depending on their experience, competence and their motivation for staying out of the system. Those in groups b, f and particularly group d cause the most concern.

26. There is evidence that IMGs may find it more difficult than New Zealand graduates to acquire the requisite standards for vocational registration in the same time period as New Zealand graduates. The College's Primary Membership Examination (Primex) is taken at the end of the first year of training. Primex is a test of the minimum standard of skills, knowledge and ability to practise safely in the second stage of the training programme as a senior registrar. Primex results operate as an early warning signal to identify those doctors requiring additional support to practise safely. In 2007 96% of New Zealand trained candidates passed compared with 55% of IMGs. Candidates who fail Primex can continue to work in general practice indefinitely under a collegial relationship. There are obvious risks when less competent doctors continue to work in general practice.

Implementation

27. Further analysis is necessary to ensure that a policy requiring training for general practitioners is implemented in a manner that minimises any negative effects on the size of the GP workforce—in particular, recognising the very real issues of workforce scarcity in rural locations.

Locums

28. Some doctors come to New Zealand on a short term contract, which seems to provide them with a reason not to enter a three-year training programme. But often there will be numerous contract extensions, sometimes for five years or more. While these doctors are an important addition to the New Zealand medical workforce, the absence of a formal requirement for them to enter into vocational training is problematic. Some responsible locum provider organisations require the IMGs they place to contact the College regarding training but others do not.

Rural workforce

29. The rural sector in particular has a workforce shortage and there is a need to ensure that the workforce implications of a move towards requiring vocational training are very carefully managed. Consideration in the light of rural workforce scarcity needs to be balanced however with the right of rural communities to expect the same quality of care to be provided in urban and provincial New Zealand. Early indications from the College's Rural Faculty are that they support the need for doctors to be fully trained especially in the demanding rural environment.

The future for general practice in New Zealand

30. The RNZCGP believes that the New Zealand public should have a trained general practice workforce, to ensure that the treatment and care that occurs in general practice is carried out safely, efficiently and effectively.

31. The College's view, based on all the above, is that

    - the general practice environment is unique
    - vocational training in general practice improves the quality of patient care and increases patient safety
    - patients deserve a doctor who has vocational training
    - vocationally registered GPs warrant recognition as being fully trained doctors

32. The College wishes to work with the Medical Council to agree and progress strategies to strengthen the quality and safety of the medical care provided in New Zealand by requiring all doctors working in general practice to be vocationally trained.